



House of Representatives

General Assembly

File No. 114

January Session, 2009

Substitute House Bill No. 6537

House of Representatives, March 19, 2009

The Committee on Public Health reported through REP. RITTER of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE PUBLIC HEALTH STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 14-253a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2009*):

4 (b) The Commissioner of Motor Vehicles shall accept applications
5 and renewal applications for special license plates and removable
6 windshield placards from (1) any person who is blind, as defined in
7 section 1-1f; (2) any person with disabilities which limit or impair the
8 ability to walk, as defined in 23 CFR Part 1235.2; (3) any parent or
9 guardian of any blind person or person with disabilities who is under
10 eighteen years of age at the time of application; and (4) any
11 organization which meets criteria established by the commissioner and
12 which certifies to the commissioner's satisfaction that the vehicle for
13 which a plate or placard is requested is primarily used to transport

14 blind persons or persons with disabilities which limit or impair their
15 ability to walk. Such applications shall be on a form prescribed by the
16 commissioner and shall include certification of disability from a
17 licensed physician, [physician's] physician assistant or advanced
18 practice registered nurse, licensed in accordance with the provisions of
19 chapter 378, or of blindness from an ophthalmologist or an
20 optometrist. In the case of persons with disabilities which limit or
21 impair the ability to walk, the application shall also include
22 certification from a licensed physician, an advanced practice registered
23 nurse, licensed in accordance with the provisions of chapter 378, or a
24 member of the handicapped driver training unit established pursuant
25 to section 14-11b that the applicant meets the definition of persons
26 with disabilities which limit or impair the ability to walk, as defined in
27 23 CFR Section 1235.2. The commissioner, in said commissioner's
28 discretion, may accept the discharge papers of a disabled veteran, as
29 defined in section 14-254, in lieu of such certification. The
30 commissioner may require additional certification at the time of the
31 original application or at any time thereafter. If a person who has been
32 requested to submit additional certification fails to do so within thirty
33 days of the request, or if such additional certification is deemed by the
34 commissioner to be unfavorable to the applicant, the commissioner
35 may refuse to issue or, if already issued, suspend or revoke such
36 special license plate or removable windshield placard. The
37 commissioner shall not be required to issue more than one removable
38 windshield placard per applicant. The fee for the issuance of a
39 temporary removable windshield placard shall be five dollars. Any
40 person whose application has been denied or whose special license
41 plate or removable windshield placard has been suspended or revoked
42 shall be afforded an opportunity for a hearing in accordance with the
43 provisions of chapter 54.

44 Sec. 2. Subsection (a) of section 17a-210 of the general statutes is
45 repealed and the following is substituted in lieu thereof (*Effective*
46 *October 1, 2009*):

47 (a) There shall be a Department of Developmental Services. The

48 Department of Developmental Services, with the advice of a Council
49 on Developmental Services, shall be responsible for the planning,
50 development and administration of complete, comprehensive and
51 integrated state-wide services for persons with mental retardation and
52 persons medically diagnosed as having Prader-Willi syndrome. The
53 Department of Developmental Services shall be under the supervision
54 of a Commissioner of Developmental Services, who shall be appointed
55 by the Governor in accordance with the provisions of sections 4-5 to 4-
56 8, inclusive. The Council on Developmental Services may advise the
57 Governor on the appointment. The commissioner shall be a person
58 who has background, training, education or experience in
59 administering programs for the care, training, education, treatment
60 and custody of persons with mental retardation. The commissioner
61 shall be responsible, with the advice of the council, for: (1) Planning
62 and developing complete, comprehensive and integrated state-wide
63 services for persons with mental retardation; (2) the implementation
64 and where appropriate the funding of such services; and (3) the
65 coordination of the efforts of the Department of Developmental
66 Services with those of other state departments and agencies, municipal
67 governments and private agencies concerned with and providing
68 services for persons with mental retardation. The commissioner shall
69 be responsible for the administration and operation of the state
70 training school, state developmental services regions and all state-
71 operated community-based residential facilities established for the
72 diagnosis, care and training of persons with mental retardation. The
73 commissioner shall be responsible for establishing standards,
74 providing technical assistance and exercising the requisite supervision
75 of all state-supported residential, day and program support services
76 for persons with mental retardation and work activity programs
77 operated pursuant to section 17a-226. The commissioner shall
78 stimulate research by public and private agencies, institutions of
79 higher education and hospitals, in the interest of the elimination and
80 amelioration of mental retardation and care and training of persons
81 with mental retardation. The commissioner shall conduct or monitor
82 investigations into allegations of abuse and neglect and file reports as

83 requested by state agencies having statutory responsibility for the
84 conduct and oversight of such investigations. In the event of the death
85 of a person with mental retardation for whom the department has
86 direct or oversight responsibility for medical care, the commissioner
87 shall ensure that a comprehensive and timely review of the events,
88 overall care, quality of life issues and medical care preceding such
89 death is conducted by the department and shall, as requested, provide
90 information and assistance to the Independent Mortality Review Board
91 established by Executive Order No. 25 of Governor John G. Rowland.
92 The commissioner shall report to the board and the board shall review
93 any death: (A) Involving an allegation of abuse or neglect; (B) for
94 which the Office of the Chief Medical Examiner or local medical
95 examiner has accepted jurisdiction; (C) in which an autopsy was
96 performed; (D) which was sudden and unexpected; or (E) in which the
97 commissioner's review raises questions about the appropriateness of
98 care. The department's mortality review process and the Independent
99 Mortality Review Board shall operate in accordance with the peer
100 review provisions established under section 19a-17b for medical
101 review teams and confidentiality of records provisions established
102 under section 19a-25 for the Department of Public Health.

103 Sec. 3. Subsection (e) of section 17a-215b of the general statutes is
104 repealed and the following is substituted in lieu thereof (*Effective*
105 *October 1, 2009*):

106 (e) The Commissioner of Developmental Services shall report, in
107 accordance with section 11-4a, to the joint standing committee of the
108 General Assembly having cognizance of matters relating to public
109 health not later than January 1, 2009, concerning the results of such
110 pilot program. The report shall include [,] recommendations
111 concerning a system for addressing the needs of persons with autism
112 spectrum disorder, including, but not limited to, recommendations (1)
113 establishing an independent council to advise the Department of
114 Developmental Services with respect to system design,
115 implementation and quality enhancement, (2) establishing procedural
116 safeguards, (3) designing and implementing a quality enhancement

117 and improvement process, and (4) designing and implementing an
118 interagency data and information management system.

119 Sec. 4. Section 19a-7l of the general statutes is repealed and the
120 following is substituted in lieu thereof (*Effective October 1, 2009*):

121 On or before September 1, 2008, the Department of Public Health, in
122 collaboration with the Department of Education, shall contact each
123 local and regional board of education to make such boards aware of
124 information concerning meningococcal meningitis. Such information
125 shall include, but not necessarily be limited to, information related to
126 the causes, symptoms and spread of meningococcal meningitis and
127 vaccination information that reflects the current recommendations
128 from the United States [Center] Centers for Disease Control and
129 [Protection] Prevention. On and after September 1, 2008, the
130 department shall periodically update the information provided to such
131 boards concerning meningococcal meningitis.

132 Sec. 5. Subdivision (1) of subsection (a) of section 19a-36 of the
133 general statutes is repealed and the following is substituted in lieu
134 thereof (*Effective October 1, 2009*):

135 (a) The Commissioner of Public Health shall establish a Public
136 Health Code and, from time to time, amend the same. The Public
137 Health Code may provide for the preservation and improvement of
138 the public health.

139 (1) Said code may include regulations pertaining to retail food
140 establishments, including, but not limited to, food service
141 establishments, catering food service establishments and itinerant food
142 vending establishments and the required permitting from local health
143 departments or districts to operate [said] such establishments.

144 (2) Drainage and toilet systems to be installed in any house or
145 building arranged or designed for human habitation, or field
146 sanitation provided for agricultural workers or migratory farm
147 laborers, shall conform to minimum requirements prescribed in said

148 code.

149 (3) Said code may include regulations requiring toilets and
150 handwashing facilities in large stores, as defined in such regulations,
151 in shopping centers and in places dispensing food or drink for
152 consumption on the premises, for the use of patrons of such
153 establishments, except that the provisions of such regulations shall not
154 apply to such establishments constructed or altered pursuant to plans
155 and specifications approved or building permits issued prior to
156 October 1, 1977.

157 (4) The provisions of such regulations (A) with respect to the
158 requirement of employing a qualified food operator and any reporting
159 requirements relative to such operator, shall not apply to an owner or
160 operator of a soup kitchen who relies exclusively on services provided
161 by volunteers, and (B) shall not prohibit the sale of food at a
162 noncommercial function such as an educational, religious, political or
163 charitable organization's bake sale or potluck supper provided the
164 seller maintains such food under the temperature, pH level and water
165 activity level conditions that will inhibit the rapid and progressive
166 growth of infectious or toxigenic microorganisms. For the purposes of
167 this section, a "noncommercial function" means a function where food
168 is sold by a person not regularly engaged in the business of selling
169 such food.

170 (5) The provisions of such regulations with respect to qualified food
171 operators shall require that the contents of the test administered to
172 qualified food operators include elements testing the qualified food
173 operator's knowledge of food allergies.

174 (6) Each regulation adopted by the Commissioner of Public Health
175 shall state the date on which it shall take effect, and a copy of the
176 regulation, signed by the Commissioner of Public Health, shall be filed
177 in the office of the Secretary of the State and a copy sent by said
178 commissioner to each director of health, and such regulation shall be
179 published in such manner as the Commissioner of Public Health may
180 determine.

181 (7) Any person who violates any provision of the Public Health
182 Code shall be fined not more than one hundred dollars or imprisoned
183 not more than three months, or both.

184 Sec. 6. Subsection (a) of section 19a-498b of the general statutes is
185 repealed and the following is substituted in lieu thereof (*Effective*
186 *October 1, 2009*):

187 (a) The Department of Public Health, [shall,] when conducting its
188 annual survey of a nursing home that has admitted a resident or
189 residents who have been administered a level two assessment, shall
190 compare the services recommended for any such resident in the level
191 two assessment with the actual services being provided to such
192 resident as reflected in such resident's plan of care. The department
193 shall include the results of any such comparison, as well as any
194 regulatory violations found by the department during an inspection, in
195 the survey of such nursing home.

196 Sec. 7. Subsection (a) of section 19a-637 of the general statutes is
197 repealed and the following is substituted in lieu thereof (*Effective*
198 *October 1, 2009*):

199 (a) In any of its deliberations involving a proposal, request or
200 submission regarding (1) services provided by a health care facility or
201 institution under section 19a-638; (2) capital expenditures by a health
202 care facility under section 19a-639; and (3) the acquisition of equipment
203 by a person, provider, health care facility or institution under section
204 19a-639, the office shall take into consideration and make written
205 findings concerning each of the following principles and guidelines:
206 The relationship of the proposal, request or submission to the state
207 health plan pursuant to section 19a-7; the relationship of the proposal,
208 request or submission to the applicant's long-range plan; the financial
209 feasibility of the proposal, request or submission and its impact on the
210 applicant's rates and financial condition; the impact of such proposal,
211 request or submission on the interests of consumers of health care
212 services and the payers for such services; the contribution of such
213 proposal, request or submission to the quality, accessibility and cost-

214 effectiveness of health care delivery in the region; whether there is a
215 clear public need for any proposal or request; whether the health care
216 facility or institution is competent to provide efficient and adequate
217 service to the public in that such health care facility or institution is
218 technically, financially and managerially expert and efficient; that rates
219 be sufficient to allow the health care facility or institution to cover its
220 reasonable capital and operating costs; the relationship of any
221 proposed change to the applicant's current utilization statistics; the
222 teaching and research responsibilities of the applicant; the special
223 characteristics of the patient-physician mix of the applicant; the
224 voluntary efforts of the applicant in improving productivity and
225 containing costs; and any other factors which the office deems
226 relevant, including, in the case of a facility or institution as defined in
227 subsection (c) of section 19a-490, such factors as, but not limited to, the
228 business interests of all owners, partners, associates, incorporators,
229 directors, sponsors, stockholders and operators and the personal
230 backgrounds of such persons. Whenever the granting, modification or
231 denial of a request is inconsistent with the state health plan, a written
232 explanation of the reasons for the inconsistency shall be included in
233 the decision.

234 Sec. 8. Section 20-126e of the general statutes is repealed and the
235 following is substituted in lieu thereof (*Effective October 1, 2009*):

236 Each dentist licensed in this state who either makes or directs to be
237 made a removable prosthetic denture, bridge, appliance or other
238 structure to be worn in a person's mouth, shall offer to the patient for
239 whom the prosthesis is to be made [,] the opportunity to have such
240 prosthesis marked with the patient's name or initials. Such markings
241 shall be accomplished at the time the prosthesis is made and the
242 location and methods used to apply or implant such markings shall be
243 determined by the dentist or person directed to act on behalf of the
244 dentist. Such marking shall be permanent, legible and cosmetically
245 acceptable. A dentist shall advise the patient of any additional charges
246 that may be incurred to obtain such markings on the prosthesis.
247 Notwithstanding the provisions of this section, if in the professional

248 judgment of the dentist or the entity that is making the prosthesis, such
249 markings are not practicable or clinically safe, the identifying marks
250 may be omitted entirely.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2009</i>	14-253a(b)
Sec. 2	<i>October 1, 2009</i>	17a-210(a)
Sec. 3	<i>October 1, 2009</i>	17a-215b(e)
Sec. 4	<i>October 1, 2009</i>	19a-7l
Sec. 5	<i>October 1, 2009</i>	19a-36(a)(1)
Sec. 6	<i>October 1, 2009</i>	19a-498b(a)
Sec. 7	<i>October 1, 2009</i>	19a-637(a)
Sec. 8	<i>October 1, 2009</i>	20-126e

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

This bill makes technical changes to public health-related statutes and does not result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sHB 6537

***AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS'
RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE
PUBLIC HEALTH STATUTES.***

SUMMARY:

This bill makes technical changes in public health -related statutes.

EFFECTIVE DATE: October 1, 2009

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 29 Nay 0 (03/04/2009)